

UNITED STATES DEPARTMENT OF THE INTERIOR  
MINERALS MANAGEMENT SERVICE  
GULF OF MEXICO REGION

# ACCIDENT INVESTIGATION REPORT

1. OCCURRED

DATE: 31-MAY-2007 TIME: 1940 HOURS

2. OPERATOR: BP Exploration & Production Inc.

REPRESENTATIVE: Winfree, Bekki

TELEPHONE: (281) 366-8372

CONTRACTOR: Global Marine Drilling Co.

REPRESENTATIVE: Dwyer, Lance

TELEPHONE: (337) 852-7159

- ☐ STRUCTURAL DAMAGE  
☐ CRANE  
☐ OTHER LIFTING DEVICE  
☐ DAMAGED/DISABLED SAFETY SYS.  
☐ INCIDENT >\$25K  
☐ H2S/15MIN./20PPM  
☐ REQUIRED MUSTER  
☐ SHUTDOWN FROM GAS RELEASE  
☒ OTHER Falling object

3. OPERATOR/CONTRACTOR REPRESENTATIVE/SUPERVISOR  
ON SITE AT TIME OF INCIDENT:

6. OPERATION:

4. LEASE: G15607

AREA: GC LATITUDE:

BLOCK: 743 LONGITUDE:

- ☐ PRODUCTION  
☐ DRILLING  
☐ WORKOVER  
☒ COMPLETION  
☐ HELICOPTER  
☐ MOTOR VESSEL  
☐ PIPELINE SEGMENT NO.  
☐ OTHER

5. PLATFORM:

RIG NAME: T.O. DEVELOPMENT DRILLER II

6. ACTIVITY: ☐ EXPLORATION (POE)  
☒ DEVELOPMENT/PRODUCTION  
(DOCD/POD)

8. CAUSE:

7. TYPE:

☐ HISTORIC INJURY

- ☒ REQUIRED EVACUATION 2  
☐ LTA (1-3 days)  
☐ LTA (>3 days)  
☐ RW/JT (1-3 days)  
☒ RW/JT (>3 days) 2  
☐ Other Injury

- ☒ EQUIPMENT FAILURE  
☐ HUMAN ERROR  
☐ EXTERNAL DAMAGE  
☐ SLIP/TRIP/FALL  
☐ WEATHER RELATED  
☐ LEAK  
☐ UPSET H2O TREATING  
☐ OVERBOARD DRILLING FLUID  
☐ OTHER \_\_\_\_\_

- ☐ FATALITY  
☐ POLLUTION  
☐ FIRE  
☐ EXPLOSION

- LWC ☐ HISTORIC BLOWOUT  
☐ UNDERGROUND  
☐ SURFACE  
☐ DEVERTER  
☐ SURFACE EQUIPMENT FAILURE OR PROCEDURES

9. WATER DEPTH: 6822 FT.

10. DISTANCE FROM SHORE: 122 MI.

11. WIND DIRECTION: N  
SPEED: 17 M.P.H.

12. CURRENT DIRECTION: SE  
SPEED: 1 M.P.H.

13. SEA STATE: 2 FT.

COLLISION ☐ HISTORIC ☐ >\$25K ☐ <=\$25K

17. INVESTIGATION FINDINGS:

The crew was in the process of running production tubing at the Main Well Activity Center. After stabbing the Smart Assembly, the bridge racker was released. The Z-Back arm was released, but was not fully retracted. The crew did this in order to help stabilize the assembly as the rig was moving due to the seas. The seas were 2 to 4 feet and the heave was 0.2 feet. As the TESCO tong was rotating the assembly, a plastic doughnut protector came apart and fell to the rig floor in two pieces. The doughnut was at the 26 foot level, was 3.8 feet long, and weighed 44 pounds. Each piece fell on a worker at the well center standing by the tongs. Both individuals were taken to the rig Medic for evaluation and were Medi-Vaced by helicopter. The two injured parties were released from the hospital to home. The supervisor had 2 stitches for the cut on his forehead, and the tong operator had a pain killer prescribed. The injured parties were released for work with restricted duty on Saturday 2 June 2007. As of 27 July 2007, both workers had not received a full release to work.

18. LIST THE PROBABLE CAUSE(S) OF ACCIDENT:

The drilling crew put the doughnut protector equipment into service conditions that it was not adequately designed.

19. LIST THE CONTRIBUTING CAUSE(S) OF ACCIDENT:

None

20. LIST THE ADDITIONAL INFORMATION:

None

21. PROPERTY DAMAGED:

None

NATURE OF DAMAGE:

n/a

ESTIMATED AMOUNT (TOTAL):

\$

22. RECOMMENDATIONS TO PREVENT RECCURANCE NARRATIVE:

Due to the specific nature of this incident, the Houma District has no recommendations to report to the Regional Office of Safety Management.

23. POSSIBLE OCS VIOLATIONS RELATED TO ACCIDENT: NO

24. SPECIFY VIOLATIONS DIRECTLY OR INDIRECTLY CONTRIBUTING. NARRATIVE:

None

25. DATE OF ONSITE INVESTIGATION:

NO

26. ONSITE TEAM MEMBERS:

**Amy Wilson /**

29. ACCIDENT INVESTIGATION

PANEL FORMED:

30. DISTRICT SUPERVISOR:

OCS REPORT:

**Michael J. Saucier**

APPROVED

DATE:

**30-JUL-2007**

# INJURY/FATALITY/WITNESS ATTACHMENT

☐ OPERATOR REPRESENTATIVE

☒ INJURY

☒ CONTRACTOR REPRESENTATIVE

☐ FATALITY

☐ OTHER \_\_\_\_\_

☐ WITNESS

NAME:

HOME ADDRESS:

CITY:

STATE:

WORK PHONE:

TOTAL OFFSHORE EXPERIENCE:

YEARS

EMPLOYED BY:

BUSINESS ADDRESS:

CITY:

STATE:

ZIP CODE:

☐ OPERATOR REPRESENTATIVE

☒ INJURY

☒ CONTRACTOR REPRESENTATIVE

☐ FATALITY

☐ OTHER \_\_\_\_\_

☐ WITNESS

NAME:

HOME ADDRESS:

CITY:

STATE:

WORK PHONE:

TOTAL OFFSHORE EXPERIENCE:

YEARS

EMPLOYED BY:

BUSINESS ADDRESS:

CITY:

STATE:

ZIP CODE:

